



**COMMUNITY HEALTH ENRICHMENT
EMPOWERMENT RESOURCE SERVICE
PROGRAM**

Children ages 8-17

Executive Summary

The challenges faced by today's youth are many and can become overwhelming. Violent acts committed by some of our youth have shown to have a negative impact not only on our youth, but also, the communities in which they live.

Statistical data collected from January 2009 through January 2011 determined that the largest groups of individuals most affected by violent crimes (shootings and homicides) in Philadelphia were individuals between 18-24 years of age. In an effort to change that tide, it is necessary to focus our attention on causal effects on the years proceeding adulthood. Thus, the focus should be placed on juveniles that are to be at risk of such future behaviors.

The Community Health Enrichment Empowerment Resource Service Program (C.H.E.E.R.S.) was created to provide our youth, 8-17 years of age, with the necessary tools to make well informed decisions when confronted with situations that may negatively impact their lives. The program runs on six consecutive Saturday's and concludes with a graduation ceremony/luncheon on the seventh Saturday.

Approx, three hundred (300) at risk youth from ages 8-17 participate in the program. This program is geographically located in seven areas of out city plagued by high incidents of violence. The C.H.E.E.R.S. program is a collaboration between the Philadelphia Police department, School District of Philadelphia, Behavioral Health Organizations, Faith Based Organizations, community Groups, Private Interest groups, and other City Agencies.

Through this combined effort utilizing resources available within our city, the C.H.E.E.R.S. program will save a positive impact on our city's youth.

2017 Program dates:

March 4th, 11th, 18th, 25th | April 1st, April 8th

Times: 9:00am to 1:00pm

***Breakfast and Lunch
will be served every week.***

Locations:

1. ***Lauretha Vaird Boys & Girls Club*** 4800 Whitaker
2. ***ARIA Hospital*** 4900 Frankford Ave
3. ***Dixon House*** 1920 S. 20th Street
4. ***Christian Stronghold Church***, 4701 Lancaster Ave
5. ***Dr. Ethel D. Allen Promise Academy***, 3200 West Lehigh Ave.
6. ***Holy Trinity Presbyterian*** 1100 Rockland St
7. ***James Finnegan Rec Center*** 6900 Groves Ave.
8. ***Wilson Park Community Center*** 2501 Jackson St

Contact:

**Philadelphia Police Department
Community Relations Unit**

**Email: phillycheers@gmail.com
215-686-3380/3381 Fax: 215-686-3399**

Mission Statement

It is our mission through collaboration and cooperation with the community to effectively instill and impress upon our youth values conducive with self improvement and betterment of our community.

This mission will be accomplished by:

- Creating self worth through positive motivation and objective outlooks for their future.
- Providing our youth with the necessary resources to become contributing members of society.
- Empowering our youth to make positive decisions therefore impacting positive change upon community and their lives
- Enriching their lives through exposure to positive community involvement with an emphasis on education.

COMMUNITY HEALTH ENRICHMENT RESOURCES SERVICES (C.H.E.E.R.S.)

PROGRAM RULES

All C.H.E.E.R.S. Program children must obey and adhere to the following rules to have the privilege to attend the C.H.E.E.R.S. Program. Violations to the following **RULES** can lead to dismissal from the C.H.E.E.R.S. Program. The Rules are as follows:

A. GENERAL RULES

1. All children must obey and respect any officer assigned to the C.H.E.E.R.S. Site regardless of a rank or assignment.
2. All children must obey the **RULES** of the individual SITES hosting the C.H.E.E.R.S. Program. These RULES include:
 - a) **No** running, **No** skates, **No** skateboards, **No** bike riding, **No** fighting, **No** profanity, **No** littering, **No** stealing and **No** wandering in an unauthorized area of the building.
 - b) **RESPECT** all persons, including guest speakers.
 - c) **Repeated** unexcused absences can lead to dismissal from the C.H.E.E.R.S Program.
 - d) **REPORT** injuries immediately to a C.H.E.E.R.S. Officer/Representative.
 - e) **No** children will go near the area of the POOL unless a C.H.E.E.R.S. Officer is there with you.
 - f) **No** arguing

B. RULE DURING PRESENTATIONS

1. **Raise** hands when you want to speak.
2. **Respect** all persons.
3. **No** put downs.
4. **Respect** will be shown to ALL presenters

C. DRESS CODE/CLOTHING RULES

1. All children **must wear the Program tee shirts when leaving the premise with the group**
2. Only Sneakers or rubber soled shoes may be worn. Slippers or flip flops are not permitted.
3. No shorts or inappropriate clothing at any time.

COMMUNITY HEALTH ENRICHMENT RESOURCES SERVICES (C.H.E.E.R.S.)

PROGRAM APPLICATION (Please return)

(All shirts adult sizes) Tee Shirt size: _____ Age: _____

_____	_____	_____	
Name	Date of Birth	Male/Female	
_____	_____	_____	
Address	City	State	Zip Code
_____	_____	_____	_____
Parents or Legal Guardian's name	Number to be reached		
_____	_____		
Emergency contact name	Emergency Contact phone number		
_____	_____		
_____	_____	_____	
Attending School	Grade	C.H.E.E.R.S Site preferred	

CHILD RESTRICTIONS/LIMITATIONS

() During the child/children's participation in the C.H.E.E.R.S. Program he/she is not allowed to participate in the following activities.

1. _____
2. _____

() There are no restrictions on the child/children's participation in this program.

Child/Children's Doctor	Address	Telephone number
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Please list any physical/medical conditions or allergies, which may affect the child/children's participation in the C.H.E.E.R.S. Program.

1. _____ please explain; _____
2. _____ please explain; _____

Use additional space if needed:

COMMUNITY HEALTH ENRICHMENT RESOURCES SERVICES (C.H.E.E.R.S.)

RESPONSIBILITIES, LIABILITIES AND WAIVERS

A. PARENTAL CONSENT

I give consent for my child named above to participate in the C.H.E.E.R.S. Program Activities, and I execute the above liability waiver on their behalf.

B. ATTENDEE'S RESPONSIBILITY

As the parent or lawful guardian of a child participating the in the C.H.E.E.R.S. Program, I understand that my child must agree to follow all the RULES and regulations concerning conduct and dress code. I also understand that should my child violate any of these RULES, that my child be subjected to expulsion from the C.H.E.E.R.S. Program.

C. RESPONSIBILITY FOR TRANSPORTATION TO AND FROM THE CHEERS PROGRAM

As the parent or legal guardian of a child participating in the C.H.E.E.R.S. Program, I understand and agree that it my sole responsibility as the parent or legal guardian for the transportation and safety of my child to and from the C.H.E.E.R.S. Program. I understand and agree that the City of Philadelphia, the Philadelphia Police Department, and the C.H.E.E.R.S. Program assumes no responsibility for my child during such transportation whether by private auto, public transportation or walking.

D. WAIVER, RELEASE AND ASSUMPTION OF RISK

In consideration of the acceptance of my child into the C.H.E.E.R.S. Program, I hereby waive, release, and discharge, on behalf of myself and my child, any and all claims for damages for person injury, property damages or which , may hereafter occur to me or my child as a result of participation in said Program. This release is intended to discharge in advance the City of Philadelphia, its officials, officers, employees, volunteers and agents from liability, even though that liability may arise out of perceived negligence of the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risk on behalf of myself and my child. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on both my and my child's heirs and assigns.

E. CONSENT FOR TREATMENT

I hereby give my consent to have my child named above treated by emergency medical personnel, a physician, or surgeons, in case of sudden illness or injury while participating in the C.H.E.E.R.S. Program. It is understood that the City of Philadelphia, the Philadelphia Police Department or the C.H.E.E.R.S. Program will provide no medical insurance for such treatment and that the cost thereof will be at my own expense.

F. PHOTO RELEASE FOR MINOR CHILDREN

As the parent or legal guardian of the above named child, I hereby authorize the Philadelphia Police Department and the C.H.E.E.R.S. Program to publish the photographs taken of me and/or the above named minor child, and our names, for use in the C.H.E.E.R.S. Program website and/or other publications and for display in the facility. I release the Philadelphia Police Department and the C.H.E.E.R.S. Program from any expectation of confidentiality for the above named child and myself and attest that I am the parent or legal guardian of the above named child and that I have the authority to authorize the Philadelphia Police Department and the C.H.E.E.R.S. Program to use their photographs and names. I acknowledge that since participation in publications and websites produced by the Philadelphia Police Department and the C.H.E.E.R.S. Program is voluntary, neither the minor child nor I will receive financial compensation. I further agree that participation in any publication and website produced by the Philadelphia Police Department and the C.H.E.E.R.S. Program confers no rights of ownership whatsoever. I release the Philadelphia Police Department and the C.H.E.E.R.S. Program its contractors, employees and volunteers from liability for any claims by me or any third party in connection with my participation or the participation of the above named child in the C.H.E.E.R.S. Program.

I have read and understand the responsibilities, liabilities, waivers and consent identified in Sections A through F on pages 4 and 5 of this document, and agree to all the terms and conditions.

_____	_____	_____
Signature of Parent/Guardian	Print Name	Date
_____	_____	_____
Child's Name	DOB	Age

***If you would like to receive an email confirming that we have received your form and your child/children have been enrolled in the CHEERS program, please enter your email below:**

Email: _____